

Bladder chemotherapy

Urology Department

Patient Information Leaflet

This leaflet should be used in conjunction with the Macmillan booklet entitled 'Understanding non-invasive bladder cancer'. Please ask your nurse specialist if you have not received this.

Introduction

This leaflet is for people who:

- currently have non-invasive bladder cancer or
- have previously had non-invasive bladder cancer

Non-invasive bladder cancer is the most common type of bladder cancer. You will have already had a procedure called transurethral resection of bladder tumour (TURBT) to remove the tumour(s) from your bladder.

You will need to have regular cystoscopies to check if the tumour(s) in your bladder have come back. After each cystoscopy, your doctor will tell you if your tumour(s) have returned.

Although non-invasive bladder tumours can usually be dealt with by surgery alone, sometimes consultants will suggest other treatment in addition to this. In your case, your consultant has recommended that you have bladder chemotherapy. The medical name of this is intravesical chemotherapy.

This leaflet has been designed to give you the facts about your treatment. We believe that time spent understanding your treatment will help to reduce your fears and help you to know what to expect.

What is intravesical chemotherapy?

This treatment involves putting a drug called mitomycin C directly into your bladder using a thin, plastic tube called a catheter. The drug is a form of chemotherapy that can destroy cancer cells. However, as it is put directly into your bladder, you should not suffer from the side effects normally associated with chemotherapy.

Please note that pregnant women should not receive this type of treatment. If you are pregnant, or think you could be pregnant, please let your nurses know. Women should also not breastfeed while receiving this type of treatment.

What are the benefits?

Research has shown that intravesical chemotherapy reduces the risk of tumours coming back. This will then reduce the need for more surgery.

What are the risks of the treatment?

After your treatment you may notice:

- Frequent passing of urine
- Some blood in the urine
- Some discolouration of the urine
- Discomfort on passing urine (like cystitis)

These symptoms will usually settle quickly if you drink plenty to flush out your system. These symptoms can be worse in the second half of the course of treatments.

Some less common risks are:

- A rash on the hands, feet and central part of the body
- A rash or sore, inflamed areas around the genitals

If these occur, you may find the irritation is relieved by an antihistamine, either in tablet form, or a cream applied to the affected area. If you develop a rash, please contact the urology specialist nurses or your GP, as you may be allergic to this type of treatment.

If you notice that your urine is smelly or cloudy, you should contact your GP as this may mean you have a urine infection. You will need to give a urine sample and you may possibly need to have antibiotics. The infection is unlikely to be due to the mitomycin-C but it can happen after using a catheter.

As mitomycin C is put directly into the bladder, you should not experience common side effects of chemotherapy such as feeling sick, being sick and hair loss.

Serious risks

Serious risks are extremely rare with this type of treatment. However, **if you develop shortness of breath, difficulty in breathing or facial swelling**, it may be due to a severe allergic reaction and you should **seek medical attention straight away**.

What are the alternatives?

Although there are other intravesical chemotherapy drugs, research has shown that they are not more effective than mitomycin C. They all have the same possible risks.

Another alternative treatment is intravesical immunotherapy. This is where a substance called BCG (Bacillus Calmette-Guerin) is put into your bladder through a catheter. This substance can destroy cancer cells by stimulating the immune system to become active in the bladder.

This treatment aims to kill off any cancer cells that might be growing back or that have been left within the bladder lining. It is usually used for more aggressive tumours, or for tumours that keep coming back. It generally causes more side effects than intravesical chemotherapy.

Currently, there are no known alternative non-medical treatments that have been researched and found to be effective.

Smoking is known to be a risk factor for developing bladder cancer, and so stopping this may limit your risk of the tumour(s) coming back. If you would like help with stopping smoking, please contact a member of the Hospital Stop Smoking Team on 01384 456111 ext. 2783.

What does the treatment involve?

You will need to attend a urology clinic at Corbett Outpatient Centre once a week for six weeks. This is usually on a Tuesday afternoon and each visit usually lasts about one hour (or less).

The nurse will explain the procedure and will be able to answer any questions that you have.

Consent

You will need to give your consent before the doctor or health professional treats you. Once we have discussed the procedure with you, we will ask you to give verbal consent for the treatment. Health professionals must ensure that you know enough about the procedure before you give your consent, and that you are fully aware of the benefits and the risks of the procedure.

How is the treatment given?

We will ask you to go to the toilet to empty your bladder before the treatment is given.

The nurse will pass a fine, lubricated tube called a catheter into your bladder through your urethra. The urethra is the tube that your urine comes down from your bladder and out of your body. The medication, which is about 50 millilitres of a coloured fluid, is put through this into your bladder. The doctor then takes the catheter out.

We will ask you not to go to the toilet for the next hour in order to hold the medication in your bladder. This allows it to treat the bladder lining.

On your first visit, we may advise you to stay at the hospital for this hour and pass urine before you leave. If all goes well, for the following weeks you may be able to go home once the treatment has been given, and pass urine at home at the end of the hour.

It does not matter too much if the medication stays in your bladder for slightly longer than the hour, but there is no further benefit after an hour and it should not be held in for more than two hours.

What do I need to do after treatment?

Men should sit down to pass urine for the first three times after treatment.

If mitomycin C comes into contact with your skin, you may develop some irritation or a rash. To help prevent this, wash your hands and genital area with soap and water after passing urine for the first three times after your treatment.

For the first two times you pass urine after treatment, please put bleach into the toilet after you have been, and leave it for 15 minutes before flushing. This makes the chemotherapy harmless in the environment.

Once you have been to the toilet after your treatment, drink more fluid than usual to flush your bladder through. However, you may wish to reduce the amount you drink after 8pm so you have a good night's sleep.

To prevent irritation to yourself and your partner, we advise you to use a condom or do not have sex for 48 hours after the treatment.

Follow up appointments

A cystoscopy is carried out six to 12 weeks after completing the course of mitomycin C to find out how successful the treatment has been. We will send you an appointment for this in the post. If you do not receive an appointment, please contact the Urology Team on 01384 456111 ext. 2873 (8am to 4pm, Monday to Friday).

Can I find out more?

You can find out more information from the following organisations:

Dudley Cancer Support

10 Ednam Road

Dudley, DY1 1JX

Tel: 01384 231232. Fax: 01384 459975

Email: info@support4cancer.org.uk

<http://www.support4cancer.org.uk/index.html>

Provides practical help, emotional support and information to people with cancer, their families, friends and carers in the borough of Dudley and surrounding areas.

Cancer Research UK

<http://www.cancerresearchuk.org/about-cancer/>

This website has information on living with cancer.

Macmillan Cancer Support

89 Albert Embankment

London, SE1 7UQ

Freephone helpline: 0808 808 0000 (9am to 8pm, Monday to Friday)

www.macmillan.org.uk

Practical, emotional and financial support for people with cancer, family and friends.

NHS Choices

<http://www.nhs.uk/Conditions/Cancer-of-the-bladder/Pages/Introduction.aspx>

Patient website

<http://patient.info/health/bladder-cancer-leaflet>

Contact information

If you have any questions, you would like more information, or if there is anything you do not understand about this leaflet, please contact:

Urology cancer nurse specialists on 01384 456111 ext. 2873 or
mobile 07787 512834 (8am to 4pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/urology/>

If you have any feedback on this patient information leaflet, please email
patient.information@dgh.nhs.uk

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ, ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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